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RACISM, RACIAL DISCRIMINATION, XENOPHOBIA AND ALL FORMS OF DISCRIMINATION

ECONOMIC, SOCIAL AND CULTURAL RIGHTS

SPECIFIC GROUPS AND INDIVIDUALS: OTHER VULNERABLE GROUPS AND INDIVIDUALS

Written statement*/ submitted by the International Council of Aids Service Organizations, a non-governmental organization on the Roster

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[12 January 2001]

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*/ This written statement is issued, unedited, as received from the submitting non-governmental organization(s).

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With over 50 million people infected and 22 million people dead since the start of the pandemic, one new infection every 6 seconds and one death every 10 seconds in the year 2000, ICASO requests the Commission on Human Rights to urge Governments, UN agencies, non-governmental organizations, UN treaty bodies and inter-governmental organizations to combat HIV/AIDS-related discrimination, prejudice and stigma and to monitor and enforce HIV/AIDS-related human rights.

HIV/AIDS needs to be considered as an important issue to the Commission on Human rights, as the epidemic undermines the effective implementation of human rights, while the respect for human rights is the cornerstone of an effective rights-based response to the epidemic.

All human rights are universal, indivisible, interdependent and interrelated. Respect for all human rights in the context of HIV/AIDS is an integral part of an effective national response in every country. Prevention, treatment and care efforts will fail if infected and affected people cannot participate fully in the local or national response to the epidemic.

Ignorance, lack of knowledge, fear and denial have engendered severe and often disastrous consequences, denying people living with HIV/AIDS access to treatments, services and support, as well as making it hard for prevention work to take place. International human rights law looks to guarantee freedom from discrimination on many grounds including sex, race, language, religion, political opinion, birth or other status. In Resolutions 1995/44 and 1996/43, this Commission confirmed that "other status" is to be interpreted as incorporating health status, including HIV/AIDS. This means that discrimination against people living with HIV/AIDS – or those perceived to be at higher risk of infection – is legally prohibited. But still, discrimination, stigma and marginalization continue to be a problem all over the world.

ICASO recalls that in September 1996, an international consultation of experts convened by UNAIDS and the (then) Center for Human Rights drafted the International Guidelines on HIV/AIDS and Human Rights. The Guidelines, which were annexed to resolution 1997/33 of the Commission on Human Rights and welcomed by the Sub-Commission in resolution 1997/40, provide guidance for Member States, United Nations system and regional intergovernmental bodies, and non-governmental organizations on a comprehensive framework for policy and law reform to limit the spread of HIV and reduce the impact of HIV and AIDS. In resolution 1999/49, the Commission requested a further report on steps taken to promote and implement the Guidelines.

ICASO is a global network of non-governmental and community-based AIDS organizations across Asia and the Pacific, North and South America, the Caribbean, Africa and Europe.

ICASO requests the Commission on Human Rights to take further steps toward the implementation and continuing monitoring of the compliance of governments with the Guidelines.

Based on this, ICASO asks the Commission to provide a list of those governments who did not respond to the request from the Secretary-General requiring information on the actions taking to promote and implement the International Guidelines, and publish such list in diverse forums, like web pages, list-serves, etc.

In addition, ICASO requests the appointment of a new Special Rapporteur for HIV/AIDS and human rights.

ICASO calls on this Commission to take urgent measures to address all the human rights dimensions of this epidemic. This includes the civil, political, social, economical and cultural rights of the men, women and children living with HIV, the communities most affected, and activists, educators and human rights defenders working alongside them.

Specifically, ICASO ask the Commission to urge Governments to take particular action in three strategic areas:

The first strategic area is community involvement. From the onset of the AIDS pandemic, communities responded when there was no one else, often in the face of government denial. Community organizations have the knowledge and expertise to work effectively with those most at risk of HIV infection and vulnerable to AIDS. A strong community response is a key indicator of a successful national response. This priority is reflected in the United Nations International Guidelines on HIV/AIDS and Human Rights, which provide that "*States should provide political and financial support to ensure that community organizations are able to carry out their activities effectively.*"

However, few countries support local community action. For this reason, ICASO calls for increased international and national funding to be channeled directly to community organizations.

The second strategic area is access to treatment and care. Access to basic primary care needs to be assured at the local level. Finding the resources for improving infrastructures is an urgent priority. Medicines need to be made both affordable and available. Taxes on essential drugs should be eliminated. Guidelines need to be developed to ensure reliable and effective distribution mechanisms. All options for lowering the price of drugs need to be explored. Discussions around the difficult issues related to patent protection need to take into account the suffering we face as a human family.

The issue of access to treatment for HIV in developing countries is currently of great interest to NGOs, AIDS support groups, governments and those working in care and in health, and is increasingly an area of public debate. However, the differences between developed and developing countries are not new. For years, there has been inadequate access to treatment in the non-industrialized world for diseases including tuberculosis, and malaria. This is still the case today. Advances in health care in developed countries have had little effect on what is available to the developing world. To counter this inequality, for many years now, attention has been paid to areas such as essential drugs, infrastructures and service delivery, human rights and

appropriate health technologies. The HIV pandemic has served to sharpen the awareness of these disparities.

Much needs to be done. As a first step, ICASO calls for immediate, consistent, accurate and frequent reports on the status of treatment throughout the world. The United Nations system should lead the process of designing and monitoring these reports, in close consultation with community groups around the world.

The third strategic area is prevention, an area that includes research on microbicides and vaccines suitable for developing countries. Both microbicides and suitable vaccines are sorely under-funded areas of research. This is a product marketing failure that is costing us lives. For this reason, ICASO calls upon governments to greatly increase funding for research to ensure that we have accessible and effective microbicides and vaccines within a matter of years, not decades.

The consistent factor among these three themes – community involvement, care and treatment, and prevention – is the lack of adequate funding. AIDS is a global security issue. However, the world is not putting sufficient resources into the fight against AIDS. The wealthy industrialized countries must accept that without urgent and substantial transfers to countries and communities most in need, the coming decade will be marked by illness, death, homelessness, dislocation and upheaval in some regions greater than that ever experienced during all the wars of the last century combined.

ICASO urges the Commission to call on the Governments of the industrialized world to ensure a minimum of 20% of their development budgets go to directly to address HIV/AIDS prevention, treatment and care, and attention to the most vulnerable populations, such as men who have sex with men, women, injecting drug users, prisoners, etc.

After two decades of AIDS we now know what we are dealing with and what needs to be done. We are starting to glimpse the horror that awaits the human family if we fail to respond now with urgent and substantial transfers from the rich to the developing nations. The community sector has a proven track record in reversing the epidemic in many countries, and is a willing partner of governments and the international community in tackling the epidemic in countries most affected. But we need your assistance to do so, both in acknowledging the community sector role in program development and implementation, and in providing the financial means to make it happen.

ICASO requests the Commission on Human Rights to ensure this message is heard at the Special Session of the United Nations General Assembly on HIV/AIDS in June, 2001